

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033670

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8482

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED AUG 29 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Incarnate Word HospitalInside Limits  
Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY,  
OR  
TOWN LemayInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)

737 Cumberland

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Rose

Middle

L.

Last

Green

4. DATE  
OF  
DEATH

Month

August

Day

19,

Year

1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1/30/1872

## 9. AGE (last birthday)

91

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR.

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Own Home

## 11. BIRTHPLACE (City and state or country)

Mayview, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Francis Wheatley

## 13b. MOTHER'S MAIDEN NAME

Emerine Norfleet

## 14. NAME OF HUSBAND OR WIFE

Alvin

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Alva Green 737 Cumberland Lemay, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary infarct

## DUE TO (b)

Arterio Sclerotic Heart Disease

## DUE TO (c)

Fractures Right neck of femur

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

Fell off chair at home

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

8 16 63

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

8-16-63-8-19-63

and last saw her alive on 8-19-63

Death occurred at 8-19-63 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Dr. Allen H. D.

## 22b. ADDRESS

845 Missouri Theatre Plaza

## 22c. DATE SIGNED

8/20/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

Aug. 22, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Park Lawn Cemetery

## 23d. LOCATION (City, town, or county)

Lemay, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

C. Hoffmeister Mortuaries  
7814 So. Broadway St. Louis, Mo.

## 25. DATE RECD. BY LOCAL REG.

AUG 20 1963

## 26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Lina C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 504 W. Repie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Allen Dyer

JE 3-6-680  
9100 Thacker Bldg

1:30 PM